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5 6	O <sub>&gt;</sub>
7	E-filing 584
8	UNITED STATES DISTRICT COURT
9	CORAZON S. PASCUAL
10	MAIL ADDRESS: P. O. BOX 471454 SAN FRANCISCO, CA 94147  CV 08 290
11	SAN FRANCISCO, CA 94147 Plaintiff, CASE NO
-12	APPLICATION TO PROCEED  IN FORMA PAUPERIS
13	SOCIAL SECURITY ADMINISTRATION (Non-prisoner cases only)
14	BALTIMORE, MD 21235
15	I CORAZON S. Pa sayaldeclare, under penalty of periury that I am the plaintiff
16	I, <u>CORAZON S. PA SAUN</u> declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and
17 18	correct. I offer this application in support of my request to proceed without being required to
19	prepay the full amount of fees, costs or give security. I state that because of my poverty I am
20	unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.
21	In support of this application, I provide the following information:
22	1. Are you presently employed? Yes No X
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the
24	name and address of your employer:
25	Gross: NA Net: NA
26	Employer: NA  (BARY SITTER: \$80/WK)
27	(BABY SITTER: "80/WK)
28	If the answer is "no," state the date of last employment and the amount of the gross and net salary

1	and wages per month which you received.
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2	EMPLOYMENT TERMINATED: 03/30/07
3	CIRDSS SALARY: \$38,000+/YEAR  NET SALARY: \$2000/MONTH
4	NET SALARY: \$ 2000/MONTH
5	2. Have you received, within the past twelve (12) months, any money from any of the
6	following sources:
7	a. Business, Profession or Yes No _X
8	self employment?
9	b. Income from stocks, bonds, Yes No X
10	or royalties?
11	c. Rent payments? Yes No
12	d. Pensions, annuities, or Yes No
13	life insurance payments?
14	e. Federal or State welfare payments, Yes X No
15	Social Security or other govern-
16	ment source?
17	If the answer is "yes" to any of the above, describe each source of money and state the amount
18	received from each.
19	SOCIAL SECURITY: \$513/MONTH
20	
21	3. Are you married? Yes No X
22	Spouse's Full Name: NA
23	Spouse's Place of Employment:
24	Spouse's Monthly Salary, Wages or Income:
25	Gross \$ NA Net \$ NA
26	4. a. List amount you contribute to your spouse's support:\$ NA
27	b. List the persons other than your spouse who are dependent upon you for support
28	and indicate how much you contribute toward their support. (NOTE: For minor

1	children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)
2	NA
3	
4	5. Do you own or are you buying a home? Yes No _X
5	Estimated Market Value: \$ Amount of Mortgage: \$ NA
6	6. Do you own an automobile? Yes No _X
7	Make NA Year NA Model NA
8	Is it financed? Yes No _X If so, Total due: \$ NO
9	Monthly Payment: \$NA
10	7. Do you have a bank account? Yes X No (Do not include account numbers.)
11	Name(s) and address(es) of bank: <u>USBANK</u> , SAN FRANCISCO, CA
12	
13	Present balance(s): \$_1,671.98
14	Do you own any cash? Yes X No Amount: \$ 80.00
15	Do you have any other assets? (If "yes," provide a description of each asset and its estimated
16	market value.) Yes No X
17	(EXPENSES SPLIT W/A ROOMMATE)
18	8. What are your monthly expenses?
19	Rent: $\$ \frac{8/2}{40-60}$ Utilities: $\$ \frac{40-60}{8}$
	Food: \$ \( \frac{150-180}{} \) Clothing: \( \frac{8}{30-35} \)
21	Charge Accounts:
22	Name of Account Monthly Payment Total Owed on This Account
23	<u>USBANK VISA</u> \$ 20 \$ 880. +
24	<u> </u>
25	\$\$
26	9. Do you have any other debts? (List current obligations, indicating amounts and to whom
27	they are payable. Do <u>not</u> include account numbers.) $N \bigcirc$
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2	10. Does the complaint which you are seeking to file raise claims that have been presented in
3	other lawsuits? Yes No \(\frac{\times}{2}\)
. 4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5	which they were filed.  NA
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7	
8	I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9,	false statement herein may result in the dismissal of my claims.
10	June 5, 2008 Longon J. Paseual
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12	DATE SIGNATÚRE OF APPLICANT
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